MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) FILING DATE APPLICANT(S) **CLAIMS** AFTER 1st AMENDMENT AS FILED AFTER
2nd AMENDMENT IND. DEP. DEP. IND. DEP. DEP. IND. DEP. IND, DEP. 1.00 1: 1' 1: Ø3 声数操作 .83 45 46 47 48 49 50 TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL (3-78) THE USED FOR ADDITIONAL GLADE OR ANI. (DECENTS